

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10542030

FILED DATE

APPLICANT/

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3										
TOTAL DEP.			17										
TOTAL CLAIMS			20										

BEST AVAILABLE COPY